

EC CLINICAL AND MEDICAL CASE REPORTS

Mini Review

Communication Skills in Medicine- An Art of Learning

Menka Kapil*, Alok Verma and Rateesh Sareen

Pathology and Transfusion Medicine Department, Santokba Durlabhji Memorial and Research Centre, India

*Corresponding Author: Menka Kapil, Pathology and Transfusion Medicine Department, Santokba Durlabhji Memorial and Research

Received: July 01, 2019; Published: August 22, 2019

Abstract

Communication skills in medicine is an art of learning for treating physician which encompass mutual knowledge, trust, loyalty, and regard to both sides Trust involves the patient's faith in the doctor's competence and caring, as well as the doctor's trust in the patient and his or her beliefs and report of symptoms. Loyalty implies to the patient's willingness to forgive a doctor for any inconvenience and the doctor's commitment not to abandon a patient. Regard must be present to both sides. All these make the depth of the doctor-patient relationship.

Keywords: Communication Skills; Medicine; Art of Learning

Communication to patients is the clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care.

"Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patientphysician relationship. A doctor's communication and interpersonal skills embrace the ability to gather information to reach at accurate diagnosis, counsel appropriately, give instructions for treatment and follow up, and establish caring relationships with patients.

While dealing with patients it is very important to acknowledge their health problems, provide and counsel them for their treatment options and respond to their behavior accordingly as in Indian scenario the doctor is given an honour of next to God. The physicians must have to develop communication skills as listening with patience, bring out information using soft and conclusive questioning skills, providing information by providing effective explanatory skills, counseling and educating patients; and to make informed decisions based on patient information [1,2].

Good doctor-patient communication has the ability to regulate patient's emotions, facilitate understanding of medical information, and identify patient's needs, perceptions, and expectations [3-5]. Those Patients who have good communication with their doctor are more likely to be satisfied with their care and treatment also they share relevant information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment [6-9]. Patients' satisfaction and its faith on treating doctor about the nature of the treatment and need for follow-up is firmly associated with their recovery.

It has been shown during various research that effective patient-physician communication can improve a patient's health as quantifiably as many drugs, probably due to the powerful placebo effect as seen in clinical trials [10,11].

A physician being as a good doctor must be a good listener by allowing the patients to speak uninterruptedly, try not to be responsive on phone calls in between the conversations, acknowledge the emotions of patients, explore, identify, and respond to the emotion. appraise in mind or clarify with the patient their expectations of treatment and outcome. Discuss all the matter with respect to their mental, emotional or physical state. Decide the best medical plan for the patient and let him know the benefit of treatment and also recommend him on how to proceed for the treatment and follow up. As once the patient satisfied the relationship of doctor patient continues forever.

Satisfaction is a complex notion with many determinants and is used as the ultimate outcome of providing health care services and its rating provides useful information about the structure, process, and outcomes of care.

Many studies reviewed by Alazri and Neal [7] came to reach that the domains used to assess patient satisfaction with care included availability of the physician, coordination in a multidisciplinary team, communication and relationships, ability to provide information and educate patients, understanding emotional needs of patients, to provide holistic care and to support patients' decision making.

The physician develops the art of understanding patients problem whether the patient is understanding right or wrong. Many times health care providers have already communicated information according to their knowledge to the patient which can have the effect on patient perceptions and perhaps even cause confusion when new which may be different information, introduced to them by physician. Thus the physician has to communicate them the truth and try to make them understand for not to be entrapped by such non-scientific approach.

Empathy is a basic skill physicians should develop for themselves to recognize the indirectly expressed emotions of their patients. Once recognized, these emotions need to be acknowledged and further explored during the patient-physician encounter.

An unhurried discussion with appropriate pauses gives the time to patient to formulate further questions, understands the reply given by physician.

Thus, a dialogue punctuated with pauses leads to deeper comprehension on both sides.

It is important to be truthful and hopeful. Although the need for truth-telling remains primary, the therapeutic value of conveying hope in situations that may appear hopeless should not be underestimated.

Particularly in the context of terminal illness and end-of-life care, hope should not be discouraged. Remember that an optimistic approach of the physician strengthens the confidence of patient.

This can be achieved with better communication and interpersonal skills Thus the developing skills can prevent medical crises and expensive unnecessary intervention, which may lead to higher-quality outcomes and better satisfaction lower costs of care, greater patient understanding of health issues, and better adherence to the treatment process [12].

Thus, Simplicity of the language, the layman words, information depth, facial expression collectively has great effect on quality of one-to-one communication between the patient and physician. Developing the basic communication skills can help strengthen the patient-physician bond that many patients as well as the physicians is lacking.

These skills are not included as a curriculum in graduation from medical colleges or these cannot actually be taught in medical residency. Thus, it may be a lack in part of doctors but it has to be cultivated during practice. The more physician communicate, the more they learn the need of patients although strengthening one owns communication skill takes time and it remains as an ongoing practice.

Conclusion

Communication is the best way for a good doctor patient relationship, it can reinforce patients self-confidence, motivation and positive attitude towards their health status that definitely improves the health outcome. The interpersonal skills must be one of the part of cur-

riculum as it affects the health care system the most. As Patient never cares how much a doctor knows but they care how much a doctor listen, understand and communicate.

Bibliography

- 1. Duffy FD., et al. "Assessing competence in communication and interpersonal skills: the Kalamazoo II report". *Academic Medicine* 79.6 (2004): 495-507.
- 2. Accreditation Council for Graduate Medical Education. Toolbox for the evaluation of competence (2004).
- 3. Brédart A., et al. "Doctor-patient communication and satisfaction with care in oncology". Current Opinion in Oncology 17.14 (2005): 351-354.
- 4. Arora N. "Interacting with cancer patients: the significance of physicians' communication behavior". *Social Science and Medicine* 57.5 (2003): 791-806.
- 5. Platt FW and Keating KN. "Differences in physician and patient perceptions of uncomplicated UTI symptom severity: understanding the communication gap". *International Journal of Clinical Practice* 61.2 (2007): 303-308.
- 6. Harmon G., et al. "Overcoming barriers: the role of providers in improving patient adherence to antihypertensive medications". *Current Opinion in Cardiology* 21.4 (2006): 310-315.
- 7. Alazri MH and Neal RD. "The association between satisfaction with services provided in primary care and outcomes in Type 2 diabetes mellitus". *Diabetes Medicine* 20.6 (2003): 486-490.
- 8. O'Keefe M. "Should parents assess the interpersonal skills of doctors who treat their children? A literature review". *Journal of Paediatrics and Child Health* 37.6 (2001): 531-538.
- 9. Chen WT., *et al.* "Chinese HIV-positive patients and their healthcare providers: contrasting Confucian versus Western notions of secrecy and support". *Advances in Nursing Science* 30.4 (2007): 329-342.
- 10. Bull SA., et al. "Discontinuation of use and switching of antidepressants: influence of patient-physician communication". *Journal of the American Medical Association* 288.11 (2002): 1403-1409.
- 11. Ciechanowski PS., et al. "The patient-provider relationship: attachment theory and adherence to treatment in diabetes". *American Journal of Psychiatry* 158.1 (2001): 29-35.
- 12. Clack GB., *et al.* "Personality differences between doctors and their patients: implications for the teaching of communication skills". *Medical Education* 38.2 (2004): 177-186.

Volume 2 Issue 6 September 2019 ©All rights reserved by Menka Kapil., et al.